

# Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Report covers period

Date Stamp  
4/28/2010

CALIFORNIA  
FORM **465**

SEE INSTRUCTIONS ON REVERSE

Amendment No 000

Report No 20100428-112

☐ **Amendment** (Explain Below)

from 3/18/2010

through 5/22/2010

Date of election if applicable:  
(Month, Day, Year)

6/8/2010

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For Official Use Only


## 1. Committee/Filer Information

I.D. NUMBER (if recipient committee)  
881276

COMMITTEE/FILER'S NAME

Ventura County Deputy Sheriffs' Association PAC

STREET ADDRESS (NO P.O. BOX)

CITY STATE  CODE AREA CODE/PHONE

Ventura CA

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer (If recipient committee)

NAME OF TREASURER

Mark Hanks

MAILING ADDRESS

CITY STATE  CODE AREA CODE/PHONE

Ventura CA (805) 639-9218

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Commander Geoff Dean

OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE

SOUGHT: Sheriff-Coroner Ventura County Sheriff

CHECK ONE

SUPPORT OPPOSE

**X**

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

SUPPORT OPPOSE

## 3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
4/12/2010	Trophies, Etc. Camarillo, CA 93012-8568	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Signs: Dean for Sheriff	\$2,000.00	\$14,500.00
4/26/2010	Marc O'Hara Simi Valley, CA 93065-4013	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Billboards and consulting serv	\$12,500.00	\$14,500.00

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NAME OF FILER

Ventura County Deputy Sheriffs' Association PAC

## 4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3.)	\$14,500.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.) <b>TOTAL</b>	\$14,500.00

## 5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

2) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

## 6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 4/28/2010  
DATE

Executed on  
DATE

Executed on  
DATE

Executed on  
DATE

By Hanks Hanks Hanks Hanks  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT